

Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

C VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

R000600010092-4

Bu. Vou. No. _____

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				38,677	85

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 38,677 85

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 4/18/58

*Payee

(Not required when a like certificate is made by payee on attached bill or bills)

Per _____

Title _____

Amount verified; correct for _____

(Signature or initials) *EW*

Contract No. A-101 Date _____ Reg. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, by John Smith, Secretary." If the ability to certify is limited to one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

Bureau Voucher for Purchases and
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

Sheet No. 1 of Bureau Voucher No. 2081

(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 4/7 thru 4/13/58					
		STATINTL					
		Research & Development					
				Production		Total	
		Labor for the Week Ending April 13, 1958 JV 038060					
		STATINTL STATINTL					
		Overhead for Communications Division computed at interim rates as follows: Research & Development -  Production - 					
		Other Costs - Per schedule attached JV 038019 038060					
				14,176.14			
				4,135.75			
				1,812.09			
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of 					
		Total Costs				\$ 38,677.85	

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

DATE _____

WEEKLY DET DISTR

3/12/58

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010092-4

[illegible]

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010092-4

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NET AMOUNT

$$\begin{array}{r} 2776 \\ 2776 \\ \hline 2776 \end{array}$$

Continued

CHARGE DISTRIBUTION

Work Order

S.D.

M.J.O.

Account

Sub.

Int.	Proj.
------	-------

Me

E

the
t

5

DISCOUNT

REVISIONS

Vendor

ENT
E

Day

Mo.

CHECK

HASE

INVOICE

1

$$\frac{Y_r}{Y}$$

Do.
No.

No.	N
-----	---

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Sheet #6

3/12/58

WEEKLY DET DISTR

DATE

ACCOUNTS PAYABLE

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 680

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010092-4																								
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT					
Mo.	Day	Yr.	Mo.				Day	Maj.				Int.	Sub.	Account	M.J.O.	S.D.	Work Order							
04	07	58	45070	44289			04	10	1275			12501	5093	90	1	12501	5093	90	1	2700				
04	07	58	45071	44289			04	10	1275			12501	5093	90	1	12501	5093	90	1	5400				
04	07	58	60075	44236			05	10	106			12501	5093	90	1	12501	5093	90	2	18580				
04	07	58	46108	44447			04	10	12507			12501	5093	90	1	12501	5093	90	1	630				
04	07	58	5198	44183			04	08	897			12501	5093	90	1	12501	5093	90	1	4190				
04	07	58	5199	44183			04	08	897			12501	5093	90	1	12501	5093	90	1	13640				
04	08	58	5200	44183			05	10	544			12501	5093	90	1	12501	5093	90	1	39750				
04	08	58	79875	43794			05	10	352			12501	5093	90	1	12501	5093	90	1	6142				
04	09	58	18				04	10	181			12501	5093	90	1	12501	5093	90	1	512				
04	10	58	14955	44766			05	02	181			12501	5093	90	1	12501	5093	90	1	2830				
04	11	58	30767	44325			05	10	676			12501	5093	90	1	12501	5093	90	1	222				
04	11	58	4086	44224			04	28	208			12501	5093	90	1	12501	5093	90	1	152250				
04	11	58	24740	44641			04	28	208			12501	5093	90	1	12501	5093	90	1	21240				
04	11	58																		28843				
04	11	58																		28843				
04	11	58																		298665				
04	11	58																		10659.00				
04	11	58																		518.75				
04	11	58																		11.74				
04	11	58																		Total \$ 14176.14				
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